



ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER 502-564-6716

Contractor's Certificate of Decontamination (CCD)

Property and Contact Information

Property Location:

Property Street Address: _____

Nearest City/Town and Zip Code: _____

County: _____ Latitude: _____ Longitude: _____

Date of Lab Discovery: _____

Property Owner:

Name (s): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone # _____ E-Mail Address: _____

Certified Contractor:

Contractor Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone # _____ Cell phone # _____

E-Mail Address: _____

Preliminary Assessment

Date Preliminary Assessment Conducted: _____

Tier response Level for Decontamination (Please circle) 1 2 3 4

(You must contact KDWM and provide justification if this differs from recommended tier by law enforcement.)

Assessment Checklist:

	Obtain copy of the KDWM <i>Clandestine Drug Lab Preliminary Assessment Tier Selection Criteria, DEP 1016, January, 2008</i> available by open records request to KDWM.
	Obtained Property description (i.e., physical address, latitude and longitude, legal description, physical layout of the property, structural features, etc.)
	Conducted Photographic documentation of site
	Conducted identification of hazardous chemical use or storage areas, waste disposal areas, cooking areas, chemical stains, fire damage, and other observable damage and areas of contamination
	Obtained Information about surfaces, furnishings, appliances, and other features
	Conducted inspection of HVAC system
	Conducted inspection of plumbing, septic system, sewer system
	Conducted inspection of garages, barns, and other outbuildings on the property
	Conducted identification of adjacent areas/units in multiple dwellings that may require cleaning
	Conducted outdoor inspection for evidence of burn or trash pits, discolored soil, or dead vegetation, indicating possible contamination of water and/or soil
	List of property owners' personal items removed prior to contamination:
	Provide summary of screening and testing results

Decontamination Procedures Completed

A detailed description of specific decontamination procedures completed in each room of the inhabitable property must be included below. Please attach extra sheets to provide details and include a Site Map drawn to scale depicting the property and its layout including identification of other structures on the property, its location relative to streets and surrounding properties, drainageways, and other surface features. Sketches of each room and each floor of the property must also be completed and attached depicting the areas of observed contamination, location of appliances, fixtures, and locations of post-decontamination samples. Photographs must be taken of before and after decontamination conditions and of all post-decontamination sample locations in order to provide documentation of the cleanup, and copies must be provided as part of this report.

Date HVAC system disconnected: _____

Date ventilation with fans initiated and stopped: _____

Date air monitoring conducted: _____

Date decontamination activities initiated and completed: _____

Type of Personal Protective Equipment used: _____

HVAC System

Remove and replace all HVAC filters _____

Remove and clean diffusers and intakes and areas around them _____

Remove all debris and thoroughly clean the entire HVAC system including ductwork _____

Chemical Wastes/Spills

Were any meth wastes (containers, syringes, firearms etc.) found? Types? **Contact KSP or law enforcement**

Neutralize chemical spills that are found: _____

Absorb chemical spills and containerize waste for proper disposal: _____

Porous Items Cleaning/Disposal

Remove and render unusable all soft, porous materials including the following:

- Clothing
- Carpeting
- Upholstered furniture
- Draperies
- Other/Miscellaneous (stuffed animals, toys, mattresses, etc.

List items commercially cleaned: _____

Structural Features and Surfaces

Segregate each room that is being decontaminated with plastic sheeting _____

Remove and replace any stained semi-porous building materials (drywall, plaster, and paneling) that cannot be cleaned _____

Double-wash walls, floors, ceilings, countertops with hot water and detergent (list type of detergent used) _____

Remove and dispose of suspended or attached acoustic ceiling tiles _____

Seal "popcorn" ceilings in lieu of testing _____

Floor coverings (Describe whether removed, cleaned, sealed, or covered in place) _____

List any appliances that were removed and disposed _____

List any appliances that were cleaned and will be reused _____

Encapsulation

Paint or seal walls, ceilings, floors and woodwork with paint or polyurethane following cleaning

Plumbing

Flush attached plumbing: _____

Check all drain traps with PID for volatile compounds and take pH readings for corrosives.

Remove etched or stained plumbing fixtures: _____

Garages, Outbuildings and Non-Occupancy Structures

Inspect all non-occupancy structures and follow decontamination steps if needed _____

Waste Disposal

All wastes from the decontamination were rendered unusable, and were properly characterized and disposed (attach disposal receipts).

Post-Decontamination Sampling

Documentation of post-decontamination samples collected. Must provide maps showing sample locations and attach copies of laboratory analytical results for each room, including chains-of-custody and QA/QC data. Verify correct lab method. Provide table summarizing results of post-decontamination sampling conducted to meet decontamination standard.

Exterior Evaluation

Check septic system for volatile compounds and pH to determine if meth lab wastes have been disposed
(Document field screening results)

Were samples collected of the wastes in the septic tank? Include copies of results.

Were the septic tank contents removed and disposed? Include disposal receipts.

Are other releases present that may require additional investigation?

Certification Statements

Contractor Certification:

I certify that all information described in this report is true and correct, to the best of my knowledge, and that the assessment and decontamination activities conducted at this property meet the decontamination standard and is in compliance with KRS 224.01-410, 401 KAR 101:001 to 101:040 and *Kentucky's Cleanup Guidance for Methamphetamine Contaminated Properties, Revised January, 2009*.

I further certify that the decontamination activities were performed safely and in accordance with 803 KAR 2:403 and 29 CFR 1926.50 through 1926.66.

Print Name of Contractor _____

Signature of Responsible Official _____

Date _____

Property Owner Certification:

I certify that I own or have legal authority for this property. I have received this report prepared by a certified contractor and understand that I must continue to comply with KRS 224.01-410, 401 KAR 101:001 to 101:040, and all other state and federal laws. I further certify that the information in this report is true and correct, to the best of my knowledge.

Print Name of Owner _____

Signature of Owner _____

Date _____

Mail completed original form and attachments to:

DIVISION OF WASTE MANAGEMENT
SUPERFUND BRANCH
METH LAB CLEANUP PROGRAM
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601

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